

| CLAIMS ONLY | | | | | | | Application Number <i>605014</i> | Filing Date | | |
|----------------|----------|--------|-----------------------|--------|------------------------|--------------|---|-------------|-------|--------|
| | | | | | | | <i>10/9/05</i> | | | |
| | | | | | | | Applicant(s) | | | |
| 7-26-04 | | | | | | | * May be used for additional claims or amendments | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | Indep | Depend | Indep | Depend |
| | Indep | Depend | Indep | Depend | Indep | Depend | | | | |
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| 49 | | | | | | 99 | | | | |
| 50 | | | | | | 100 | | | | |
| Total Indep | 1 | | 2 | | | Total Indep | | | | |
| Total Depend | 14 | ← | 11 | ← | ← | Total Depend | ← | ← | ← | |
| Total Claims | 15 | | 13 | | | Total Claims | | | | |